



**CENTRA WELLNESS NETWORK  
PROCEDURE 05.02 CREDENTIALING AND RE-CREDENTIALING OF PROVIDER  
NETWORK**

**I. PURPOSE STATEMENT:**

Centra Wellness Network's (CWN) Governing Body establishes and evaluates policies and related procedures as required by statutory and contractual obligations. CWN reserves the right in its sole discretion to adopt and implement policies and procedures that ensure a safe, functional and professional workplace that operates with integrity using person-centered focus and planning, trauma informed practices and respect of others, cultural sensitivity and transparency in communication and practice. Organizationally and in practice, CWN is responsive to the needs of clients, community and staff.

Any statements and procedures are subject to review and/or unilateral change, modification, suspension or cancelation in whole or in part of any published/unpublished policies or procedures without notice and without having to give cause, justification, or consideration to any employee. Recognition of these rights and prerogatives of CWN is a term and condition of and maintaining employment.

Policies and Procedures are approved by the Board and/or upon recommendation by the Executive Director or his/her designee.

**II. APPLICATION:**

Customer and Provider Services and Quality Improvement.

**III. DEFINITIONS:**

1. **Disclosing Entity** means a Medicaid provider (other than an individual practitioner or group of practitioners), or a fiscal agent.
2. **Fiscal Agent** means a contractor that processes or pays vendor claims on behalf of the Medicaid Agency.
3. **Family Members** for the purposes of this procedure include spouse, parent, child or sibling.
4. **Managing Employee** means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization or agency.
5. **OIG (Office of Inspector General)** is a generic term for the oversight division of a federal or state agency aimed at preventing inefficient or unlawful operations within their parent agency.

**IV. POLICY STATEMENT:**

The intent of this procedure is to establish guidelines for credentialing and re-credentialing individuals and organizational providers hired or contractually employed by CWN.

**IV. PROCEDURES:**

A. Credentialing Individual Practitioners

1. The credentialing procedures of CWN apply to individual practitioners, employed or under contract, in the provider network consisting of:
  - a. Physicians (M.D. or D.O.)
  - b. Physician Assistants
  - c. Nurse Practitioners
  - d. Psychologists
  - e. Licensed Bachelor Social Workers, Licensed Master's Social Workers, Limited License Social Workers, or Registered Social Work Technicians
  - f. Licensed Professional Counselors
  - g. Registered Nurses, or Licensed Practical Nurses
  - h. Occupational Therapists or Occupational Therapy Assistants

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- i. Physical Therapists or Physical Therapy Assistants
    - j. Speech Pathologists
    - k. Board Certified Behavioral Analysts
  2. The CWN credentialing and re-credentialing processes do not discriminate against a provider solely on the basis of license, registration or certification; or against providers who serve high-risk populations or who specialize in the treatment of conditions that require costly treatment.
  3. Providers excluded from participating under either Medicare or Medicaid will not be considered for employment or contracting. The Sanctioned Provider Listing found at the websites <http://exclusions.oig.hhs.gov> and at [www.michigan.gov/mdch](http://www.michigan.gov/mdch) will be used to determine provider status under these programs.
  4. The Department of Customer and Provider Services (CAPS) will maintain an individual file for each credentialed provider which will include:
    - a. The initial credentialing and all subsequent re-credentialing applications and supporting documentation
    - b. Information gained from primary source verification
    - c. Any other pertinent information used in determining whether or not a provider met the credentialing standards.
- B. Initial Credentialing
  1. Providers shall complete a written application attesting to the following:
    - a. Lack of present illegal drug use
    - b. Any history of loss of license and/or felony convictions
    - c. Any history of loss or limitation of privileges or disciplinary action
    - d. Attestation by the provider of the correctness and completeness of the application.
  2. CWN will perform background checks, which may include, but are not limited to: criminal checks, verification of licensure, Medicaid/Medicare sanction listing, and sex offender tracking. Once the background checks have been performed and satisfactory results are obtained, CWN will then continue with the approval process.
  3. HR is required to complete checks on all staff for the OIG monthly.
  4. The Director of CAPS will review a provider's resume or work history.
  5. The Director of CAPS or designee will verify primary sources of:
    - a. Licensure or certification
    - b. Board Certification, if applicable, or highest level of credentials obtained, or completion of any required internships, residency programs or other post-graduate training.
    - c. Documentation of graduation.
    - d. National Practitioner Databank (NPDB)/ query. In lieu of NPDB query, all of the following will be verified:
      - i. A five-year history of professional liability claims resulting in a judgment or settlement;
      - ii. Disciplinary status with regulatory Board or Agency
      - iii. Medicare/Medicaid sanctions
    - e. If the provider is a physician, then the physician profile information obtained from the American Medical Association (AMA) may be used to satisfy the primary source requirements of a, b, and c above.
  6. The Director of CAPS will review the information obtained and determine whether to approve credentials.
  7. Providers will be approved to provide those services that are consistent with their professional licensure and within their scope of practice as defined by state licensure.

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8. CWN authorizes services with fully credentialed providers and does not grant temporary or provisional credentials.
- C. Re-Credentialing
- Licensed, registered, or certified providers will be re-credentialed every two years, to include:
1. An update of information obtained during the initial credentialing process.
  2. A review of Medicare/Medicaid sanctions.
  3. Primary source verification of license, registration, or certification.
  4. Review of grievances, complaints, and appeals information.
  5. Review of quality concerns as evidenced by QI findings or other sources of information on service quality.
- D. Organizational Providers
1. At the time of initial application, providers shall submit an application for Centra Wellness Network (CWN) network participation, a signed authorization to perform a background check, and a signed contract. The background checks may include, but not be limited to, criminal checks, verification of licensure, Medicaid/Medicare sanction listing, and sex-offender tracking.
  2. Once the background checks have been performed and satisfactory results obtained then CWN will continue with the contract approval process.
  3. CWN will perform background checks initially and every two years to assure that the licensure to operate is current and that the provider has not been excluded from Medicaid or Medicare participation.
- E. Disclosure of Ownership
1. CWN/NMRE shall comply with all requirements to obtain, maintain, disclose and furnish required information about ownership and control interests, business transactions, and criminal convictions.
  2. CWN/NMRE shall assure that all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment, or services are also in compliance with federal and State requirements.  
CWN/NMRE will require disclosure statements for any contractor who receives \$25,000 or more per year. CWN/NMRE requires each applicable contractor to identify their "managing employee(s)" in policy or procedure.
    - a. CWN/NMRE defines their managing employees as: CEO and CFO.
    - b. CWN/NMRE Board Members will also be required to submit disclosure statement.
  3. Disclosure statement for individuals and/or entities with 5% or more direct and/or indirect ownership will include the following required information:
    - a. Name and address of any person (individual or corporation) with an ownership or controlling interest in the disclosing entity. The address for corporate entities must include primary business address, every business location and PO Box location.
    - b. Date of birth and social security number of each person with an ownership or controlling interest in the disclosing entity.
    - c. In the case of a corporation, other tax identification number for an ownership or controlling interest in the disclosing entity or in any subcontractor in which the disclosing entity has a five percent or more interest.
    - d. Whether the person (individual or corporation) with an ownership or controlling interest in the disclosing entity is related to another person with an ownership or controlling interest in the disclosing entity, as a spouse, parent, child, or sibling, or whether the person (individual or corporation) with an ownership or controlling interest in any subcontractor in which the disclosing entity has a five percent or more

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- interest is related to another person with ownership or controlling interest as a spouse, parent, child, or sibling.
- e. The name of any other disclosing entity in which an owner of the disclosing entity has an ownership or controlling interest.
  - f. The name, address, date of birth, and Social Security number of any managing employee of the disclosing entity.
  - g. The identity of any individual who has an ownership or controlling interest in the provider or is an agent or managing employee of the provider and has been convicted of a criminal offense related to that person's involvement in any program under Medicaid, Medicare, or Title XX services program since the inception of those programs.
4. Disclosure statement for entities without ownership (e.g. PIHP & CMHSPs) will include the following required information:
    - a. Name and address of the disclosing entity. The address must include primary business address, every business location, and P.O. Box location.
    - b. Other tax identification number of the disclosing entity, if applicable.
    - c. The name, address, date of birth, and Social Security number of all managing employees and Board of Directors of the disclosing entity.
    - d. Disclosure of ownership or controlling interest in any other provider entity, subcontractor, or wholly owned supplier.
    - e. Disclosure of criminal convictions, sanctions, exclusions, debarment and termination.
  5. CWN/NMRE has a process to obtain disclosure information from its providers/contractors at any of the following times:
    - a. When the provider submits a provider application;
    - b. Upon execution of the provider agreement;
    - c. During re-credentialing or re-contracting.
    - d. Within 35 days of any change in ownership of a disclosing agency.
  6. Monitoring of Provider Networks: CWN CAPS/NMRE will conduct search of all required databases at time of hire or contract and monthly thereafter for as long as the individual or entity is employed or under contract. The database searches will also be performed monthly on all disclosing entities and on any individuals with ownership or control interest identified on the disclosure form. Network Providers will communicate all database search matches to NMRE within three (3) business days of discovery. Network Providers shall demonstrate evidence of monthly searches and findings, upon request, and at least annually as part of the annual performance and compliance review. NMRE ensures all contractors have a process for obtaining attestation of criminal convictions and full disclosures (identified in 42CFR Part 455 Subpart B) from managing employees, board of directors, individuals with beneficial ownership, and individuals with an employment, consulting or other arrangement with the contractor or subcontractor. NMRE will monitor for compliance at least annually.
  7. Reporting Criminal Convictions: CWN will notify NMRE within three business days when disclosures are made by subcontractors with regard to those offenses as detailed in sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. NMRE will notify the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) Division of Program Development, Consultation and Contracts of any applicable disclosures within three (3) business days.
  8. Contract Language:

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CWN/NMRE requires contractors, through written agreements, to have processes for obtaining attestation of criminal convictions and full disclosure of ownership statements identified in 42 CFR Part 455 Subpart B. Contractors must also have procedures to report to CWN/NMRE any individuals with criminal convictions described under 1128 (a) and 1128 (b)(1)(2) or (3) of the Social Security Act, or individuals that have had civil monetary penalties or assessments imposed under section 1129 A of the Act.

9. Reporting Criminal Convictions -Contract providers will notify NMRE within three (3) business days when disclosures are made by subcontractors with regard to those offenses as detailed in sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. NMRE will notify the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) Division of Program Development, Consultation and Contracts of any applicable disclosures within three (3) business days.
10. Failure to fully complete the disclosure form as required within thirty-five (35) days of request or the submission of false or misleading information to CWN/NMRE will be subject to contractual sanctions up to and including immediate suspension of funding and termination of the contractual agreement.
11. (Exhibit attached – Disclosure Statement forms)

**F. Adverse Credentialing Decisions**

An individual practitioner or organizational provider that is denied credentialing or re-credentialing by CWN will be informed of the reasons for the adverse decision in writing by the Director of CAPS.

**G. Appeal Process**

In the event that a credentialing or re-credentialing application is denied, or a provider is suspended or terminated for any reason other than need, the provider may appeal the decision by submitting a letter of appeal to the Executive Director of CWN within ten (10) business days of the date of the determination notice. The letter shall state the basis for the appeal and shall include any supporting documentation. All appeals will be reviewed, and a decision made within fourteen (14) business days of receipt of the appeal letter. The decision of the Executive Director of CWN shall be final and binding. This appeal process shall apply to providers employed and/or directly contracted with CWN.

**H. Reporting**

The Director of Customer and Provider Services shall report any conduct by a member of the CWN provider network that results in the suspension or termination from the provider network to NMRE who will, in turn, report the conduct to the appropriate authorities and any other federal and State entities as specified in the Medicaid Managed Specialty Supports and Services Contract.

**VI. EXHIBITS:**

N/A

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**VII. REFERENCES:**

<b>Authority and Related Directives Trace</b>	
Federal	42CFR 438.214; 42CFR 438.12; 42CFR 455, Subpart B; Social Security Act, Sections 1128(a) & (b)(1) (2) or (3)
State	MDHHS/PIHP Medicaid Managed Specialty Supports and Service Concurrent 1915(b)/(c) Waiver Program Contract, Sections 6.4.2 and Contract Attachment P.3.4.4 State of Michigan Medicaid Provider Manual, Chapter 2 Michigan Medicaid Provider Manual - General information for Providers; Section 2 Provider Enrollment, 2.1-2.3 Provider Ownership and Control Disclosures and Background Checks
NMRE	NMRE Procedure 05-02-002
County	Interlocal Agreement of December 1992 Section IX(j)
CARF	CARF 2022 Behavioral Health Standards
Other	CWN Board By-Laws, Section 7.E.